



STRENGTHENING EMERGENCY OBSTETRIC AND NEWBORN CARE AND FAMILY PLANNING IN NORTHERN NIGERIA

FY11 Q3 REPORT

**Presented to USAID/Nigeria
29th July 2011**



**JHPIEGO in partnership with
JSI, Save the Children, PATH,
JHU/IIP, Broad Branch, PSI
and Macro International**

USAID/Nigeria QUARTERLY REPORT

Apr – Jun 2011 (Q3 FY11) Report

ACTIVITY SUMMARY
Implementing Partner: MCHIP Nigeria
Activity Name: Emergency Obstetric and Newborn Care in Northern Nigeria
Activity Objective: Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in Kano, Katsina and Zamfara States.
USAID/Nigeria SO13: Increased use of child survival and reproductive health services
Life of Activity (start and end dates): April 1, 2009 – December 31st, 2011
Total Estimated Contract/Agreement Amount: \$6,150,000 as of 12/31/2011
Obligations to date: \$6,150,000 committed as of 30 th June 2011
Current Pipeline Amount: \$1,234,832 as of 30th June 2011
Actual Expenditures this Quarter: \$640,299 (April 1 – June 30, 2011)
Accruals: \$87,680 as of June 30, 2011
Estimated Expenses Next Quarter: \$493,933 (July 1 – September 30, 2011 est.)
Monthly Burn Rate (last 3 months): \$167,000
Report Submitted by: Emmanuel Otolorin, COP Submission Date: 29 th July 2011 Name and Title

Acronyms

ACCESS	Access to clinical and community maternal, neonatal and women's health services
AMTSL	Active Management of the Third Stage of Labor
ANC	Antenatal care
BCC	Behavior Change Communication
BCS	Balanced Counseling Strategy
CAC	Community Action Cycle
CCG	Community Core Group
CHC	Comprehensive Health Centre
CHEWs	Community health extension workers
CM	Community Mobilization
CMD	Chief Medical Director
CMO	Community Mobilization Officer
CMT	Community Mobilization Team
CNO	Chief Nursing Officer
COP	Chief of Party
CYP	Couple years of protection
DOTS	Directly Observed Treatment, Short-Course
DQA	Data Quality Assessment
EDD	Expected Date of Delivery
EmONC	Emergency Obstetric and Newborn Care
ENBC	Essential Newborn Care
ETS	Emergency Transportation System
FP	Family planning
FY	Fiscal year
GH	General Hospital
HBB	Helping Babies Breathe
HCPs	Health Care Providers
HECTIC	Health Education, Communication, Training and Information Centre
HHCs	Household Counselors
HMB	Hospital Management Board
HMH	Honorable Minister of Health
HOD	Head of department
HR	Human Resource
HTSP	Healthy timing and spacing of pregnancies
IGA	Income generating activities
IMCI	Integrated management of childhood illness
IMNCH	Integrated maternal, newborn and child health
ISS	Integrated Supportive Supervision
IUD	Intrauterine Device
Jhpiego	Corporate name, no longer an acronym
KMC	Kangaroo Mother Care
LAM	Lactational Amenorrhea Method
LGA	Local Government Area

LMP	Last Menstrual Period
LOP	Life of Project
LSS	Life Saving Skills
MBSM	Male birth spacing motivators
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
MIP	Malaria in Pregnancy
MMSH	Murtala Mohammed Specialist Hospital
MNH	Maternal and Newborn Health
MNCH	Maternal, Newborn and Child Health
MOU	Memorandum of Understanding
MSS	Midwives Service Scheme
NHIS	National Health Insurance Scheme
NHMIS	National Health Management Information System
NMCP	National Malaria Control Program
NNS	Neonatal Sepsis
NPHCDA	National Primary Health Care Development Agency
O&G	Obstetrics and Gynecology
PE/E	Pre-Eclampsia/Eclampsia
PHC	Primary health care
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal Care
PPFP	Postpartum family planning
PPH	Postpartum hemorrhage
PRRINN	Partnership for Reviving Routine Immunization in Northern Nigeria
QIT	Quality improvement team
SBA	Skilled Birth Attendant
SBM-R	Standards Based Management and Recognition
SDPs	Service Delivery Points
SFH	Society for Family Health
SMOH	State Ministry of Health
SMSSH	Sir Muhammad Sanusi Specialist Hospital
SOM	School of Midwifery
TMMD	Tallafi Mata Masu Dubara
TOT	Training of Trainers
TSHIP	Targeted States High Impact Project
USAID	United States Agency for International Development
USG	United States Government
VDCs	Village Development Committees
WAHO	West African Health Organization
WDC	Ward Development Committees
YPIP	Young Professional Internship Programme
ZAIHAP	Zamfara and Akwa Ibom HIV/AIDS Project

Narrative section

I. Background

MCHIP is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program, which focuses on reducing maternal, neonatal and child mortality and accelerating progress toward achieving Millennium Development Goals (MDGs) 4 and 5. In Nigeria, MCHIP has continued the goals and objectives of the ACCESS Program which is to strengthen emergency obstetric and newborn care in Northern Nigeria as an entry point to postpartum family planning transitioning to long-acting contraception. USAID/Nigeria is funding MCHIP to focus on increasing the use of high quality Emergency Obstetric and Newborn Care (EmONC) services in 3 States in Northern Nigeria, namely Zamfara, Kano and Katsina States. MCHIP Nigeria's LOP objective and results continue to contribute to USAID's strategic objective 13, *Increased Use of Child Survival and Reproductive Health Services*. MCHIP contributes to the reduction of maternal and neonatal mortality by achieving its life-of-project (LOP) objective, *increased utilization of quality emergency obstetric and newborn care (EmONC) services by pregnant women, mothers and their newborns in selected LGAs in three states, Kano Zamfara and Katsina*. To achieve this LOP objective, MCHIP has 6 intermediate results.

MCHIP Intermediate Results:

1. Improved enabling environment and scale-up of best practices for EmONC at National and State levels
2. Increased availability and distribution of EmONC trained health care workers in selected LGAs
3. Improved quality of EmONC services in selected LGAs
4. Improved quality of FP services in selected LGAs
5. Increased demand for maternal and newborn services in selected LGAs
6. Improved management of maternal and newborn services in selected LGAs

II. Quarter 3 FY11 achievements

During this quarter, MCHIP completed the following activities:

IR1. IMPROVED ENABLING ENVIRONMENT AND SCALE-UP OF BEST PRACTICES FOR EMONC AT NATIONAL AND STATE LEVELS

- **Bi-monthly review meeting with DELIVER/SMOH**

MCHIP continued to sustain its efforts toward maintaining an unbroken supply chain for FP commodities by supporting FP service providers working in MCHIP supported health facilities to attend bi-monthly contraceptive commodity logistics management meetings with the Kano SMOH and USAID|DELIVER. During the meeting, the daily consumption records for the previous 2 months were reviewed and orders were placed for FP commodities by the HCPs based on a 4 months forecast using the Requisition, Issue and Reporting Forms. At the end of the collaborative meeting, all MCHIP supported SDPs were re-stocked with FP

commodities sufficient enough to prevent stock-out for 4 months. Also the issue of free FP commodities was raised by MCHIP, being the directive from the FMOH to Kano State Ministry of Health and it was agreed that a meeting will be held with the Permanent Secretary (PS) of the SMOH on the issue. Whilst a verbal approval has been given to the State FP Coordinator by the PS for release of FP commodities free of charge, a written approval is being awaited for documentation. The availability of the commodities, especially when they are made freely accessible, will aid in reducing barriers to accessing FP in the rural communities in the State.

- **Collaboration with TSHIP**

Following the request by TSHIP's Senior Quality Management Advisor for collaboration with MCHIP to conduct SBM-R Module 1 training in Bauchi State, Kano State Program Officer, co-facilitated the two-batched three-day training workshops for a total 65 participants in the TSHIP program.

- **Collaboration with FHI/GHAIN and PATHS2 on establishment of quality improvement department at SMOH Kano**

During the quarter, and in response to a request from the Permanent Secretary (PS) of the SMOH for the support of Implementing Partners (IPs) in the establishment of a quality improvement/assurance (QI/A) unit in the Ministry, MCHIP, GHAIN and PATHS2 held a joint meeting with the PS on the establishment of the SMOH QI/A unit. Issues discussed during the meeting included the need to review and harmonize quality improvement approaches and tools used by IPs, adoption of a single Quality Improvement (QI) approach and tools that can be used for external and internal quality assessment and self-evaluation by facility managers and service providers and selection of key SMOH/HMB staff that will oversee the process in the State. At subsequent meetings, the PS eventually suggested the establishment of a QA department rather than a unit. The SMOH based Department shall oversee activities of the public and private health facilities through the Hospitals Management Board and the State Primary Health Care Development Agency (the establishment of SPHCDA has been approved by the State Executive Council). The IPs are also to make recommendations to the SMOH on the resources and logistics required for the efficient running of the department to ensure effective supervision of HF for quality improvement. The establishment of an efficient and fully functional quality assurance department at the SMOH will assist in no small measure towards improving quality of health services in the State resulting in a healthier community with better health indices. This will also reduce over dependence on donor agencies for supportive supervision of health facilities.

- **Implementation of IMNCH strategy at General Hospitals in Kano**

Whilst there are effective evidence-based, low-cost and high impact interventions to reduce child mortality and improve maternal mortality, efforts geared towards delivering such interventions have been largely fragmented in many health facilities in Kano State. This resulted in the decision by Kano State Ministry of Health to work in collaboration with its development partners to implement the national Integrated Maternal, Newborn and Child Health (IMNCH) strategy, a new and

radical way of resource mobilization, coordination and putting into action a minimum range of effective interventions that have been proven to improve MNCH.

In recognition of MCHIPs role towards improving MNH in the State, the State Program Officer and FP Coordinator were selected by the SMOH to provide technical support in conducting a situation analysis in 12 (out of the 36) General Hospitals selected for the initial implementation and designing a road map for the implementation of IMNCH at the health facilities. A total of 12 teams comprising SMOH/HMB staff and Implementing Partners paid a 1 day visit to the selected health facilities



Meeting on implementation of IMNCH strategy at SMSSH

for a situation analysis and feasibility study on the implementation of the IMNCH strategy. The teams were to respectively coordinate implementation at Sir Muhammad Sanusi Specialist Hospital (SMSSH) and MMSH. The MCHIP field staff's experience with regards to the FP/MNCH integration study conducted at MMSH by ACCESS/MCHIP was helpful towards supporting the health facilities to develop an effective strategy for integration.

- **Official launching of 2011 World Malaria Day/Maternal, Newborn and Child Health (MNCH) Week in Kano**

On the 25th of May 2011, Kano State Ministry of Health, under the Primary Health Care and Disease Control Department and Malaria Control Booster Project, officially launched the 2011 World Malaria Day and IMNCH Week at Sheikh Muhammad Jidda General Hospital, Kano. The ceremony, which was led by the Permanent Secretary of the Ministry of Health, was attended by the Directors of the SMOH, Hospitals Management Board, District Head of Fagge LGA, representatives of Schools of Nursing and Midwifery and development partners such as MCHIP, UNICEF, WHO, SFH and SuNMaP providing support to the health sector. During the launching ceremony, there were presentations and short drama sessions on the importance of utilizing MNCH services and ITNs were donated to children who had completed their immunization schedules. MCHIP contributed towards the successful roll out of the MNCH week by providing technical support to the organizing committee towards the effective delivery of MNCH services in all 44 LGAs in the State. MCHIP also donated BCC materials/posters on ANC, delivery with SBA and family planning. Letter of appreciation acknowledging the receipt of the BCC materials is in the annex.

IR2. INCREASED AVAILABILITY AND DISTRIBUTION OF EMONC TRAINED HEALTH CARE WORKERS IN SELECTED LGAS

- **Donation of MCHIP resource materials**

As a mark of appreciation for the efforts made by MCHIP to strengthen pre-service midwifery education in Kano State through donation of anatomic models and medical equipment, the Principal of the School of Midwifery wrote an official letter of appreciation to MCHIP, expressing her gratitude, on behalf of the school, for the models given to the school. See annex for the letter.

IR3. IMPROVED QUALITY OF EMONC SERVICES IN SELECTED LGAS

- **Helping Babies Breathe (HBB) Step-Down Trainings**

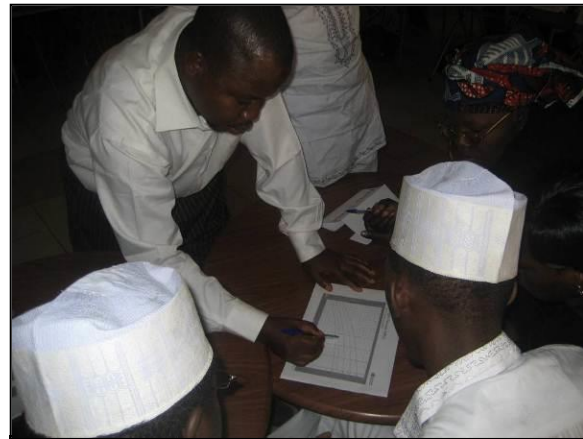
During the quarter, MCHIP field staff continued to build on their effort towards increasing the critical mass of healthcare providers (HCPs) competent in resuscitation of newborns with breathing difficulty at birth. This was achieved through step down trainings on “Helping Babies Breathe”. In Kano this took place in Rurum PHC and Gwarzo General Hospital. The step down training at Rurum PHC was attended by 6 HCPs (3 MSS midwives and 3 CHEWs) and 2 WAHO Interns. Similarly, a total of 17 HCPs were trained at Gwarzo General Hospital comprising 11 nurse/midwives, 1 clinical assistant, 3 CHEWs and 2 pharmacy technicians. In Zamfara, providers were supported to practice on newborn resuscitation using the NeoNatie Models at King Fahad, Shagari PHC and Dr. Karima WCWC. Also copies of the HBB Training Manual were donated to the School of Midwifery in Gusau to facilitate learning with the NeoNatie Models which had been previously donated. In Katsina, step-down trainings on HBB were organised for staff of Paediatric Departments and the maternity unit of General Hospital, Katsina. In the Paediatric Department, 3 Doctors, 8 Nurses and 2 student nurses participated in the training. In the maternity unit, 32 staff comprising Doctors, Nurses, and Midwives, participated in the training. At the end of the trainings, the health care providers were all thankful to MCHIP for introducing such a lifesaving program.

- **Training of health care providers on the Community-based Management of Neonatal Sepsis (NNS)**

A total of 208 health care providers were trained on community-based management of Newborn Sepsis in the three States during the quarter. The training workshops included illustrated lectures, group exercises, review of the IMCI Young Infant Module and Neonatal Sepsis Treatment and Primary Health Care Level Chart Booklet, and review of data documentation and reporting tools for Newborn Sepsis. A few of the health service providers had had previous training on the complete IMCI Modules and these workshops were an opportunity to focus on identification of symptoms, classification, pre-referral treatment, referral and management of Newborn Sepsis. Analysis of the pre- or post- tests at the beginning and end of the training workshops respectively showed that there was improvement on knowledge of newborn sepsis. This was also evident in the level of participation, myriad of questions about implementation and participant evaluations of the workshop

- **Follow-up on SBM-R (Areas 1 and 6) at King Fahad Women and Children Antental Clinic, Zamfara**

During the quarter, and assessment and feedback on Areas 1 and 6 was completed in King Fahad hospital. The next step is to conduct a gap analysis to identify 'low hanging' improvements and development of a plan of action to address them. In Kano, the QIT of MMSH, headed by the HOD OB/GYN Department Dr O. Agu, held a meeting to review the gaps in performance with regards to the management of pregnancy complications at MMSH. During the meeting, root cause analysis of the factors resulting in inability to achieve 11 out of the 25 performance standards was made with suggestions proffered and action plan reviewed, with specific timelines attached to decisions made. While the head of the units were assigned responsibility for overseeing the closure of some of the performance gaps, the HOD was assigned the responsibility of making requests for additional, selected equipment (such as BP apparatus) and human resource to cope with the work load.

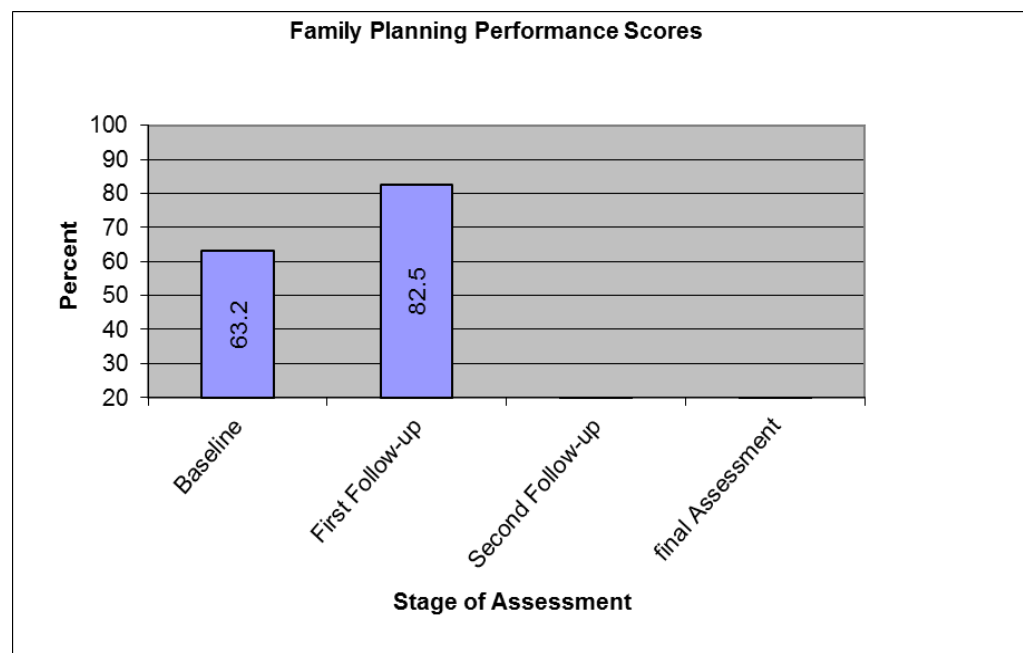


Lead Facilitator demonstrating use of the Weight-for-Age Chart

IR4. IMPROVED QUALITY OF FP SERVICES IN SELECTED LGAS

- **FP SBM-R Follow up assessment at MMSH**

As follow up to the baseline assessment of FP performance standards at MMSH



where performance gaps were identified and action plans drawn up for closure of gaps, another assessment was commenced to ascertain the progress that has been made towards closure of identified gaps in performance and improving quality of FP services. Results are shown below. It can be seen that performance according to set standards improved from 63.2% at baseline to 82.5% at the first follow-up assessment.

IR5. INCREASED DEMAND FOR MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS

- **Visit to Dawanau TMMD club by the Kano State Commissioner of Health**

The 9th recently established Village Savings and Loan Association traditionally known as Tallafin Mata Masu Dabara (TMMD) in Dawanau, Dawakin Tofa LGA, hosted Kano State Commissioner of Health, Hajiya Aisha I. Kiru, during one of its weekly meetings. The Gamji TMMD club is barely 4 months old and has 20 married women as members who have contributed a total sum of ₦57,250. Similarly, the sum of ₦5,750 was contributed for seeking health care during emergencies and according to the presentation of the club leader 2 pregnant women have benefitted from the loan to access emergency health care at Dawanau PHC. Also presented during the meeting include a Program Guide and Field Manual containing step-by-step guidelines and training modules for use in organizing and supporting the day-to-day running of the club activities through its initial “cycle”, a written constitution that provides a framework for governance, dispute resolution, applicable disciplinary actions (e.g. absenteeism during weekly meeting) and specifies the conditions for share purchase, savings and the amount of the service charge for loans. In her remark, the Commissioner of Health expressed satisfaction with the operational design and guidelines of the TMMD structure which completely makes it different from other micro-savings clubs in the country in general and the State in particular. She thanked the MCHIP project for initiating the TMMD program in Kano State especially in rural communities purposely to assist women. She also highlighted the State Government’s commitment to support and sustain the community empowerment program for women initiated and implemented by MCHIP.



Honorable Commissioner making her Speech during the TMMD club meeting at

- **Advocacy to LGA and community leaders**

During the quarter, Tudun Wada CCG members visited the Zonal Director in charge of Tudun Wada Zone of Kano State Hospitals Management Board and a community

philanthropist who constructed a maternity ward of 25 capacity beds including a scanning room and a theatre. The purpose of the visit was to show appreciation and gratitude for the gesture and support toward improving maternal and newborn health services in Tudun Wada community. The CCG members were thus able to effectively use the advocacy tools they had been trained on to seek the participation of community leaders and high profile people in the community to leverage resources and solicit their support towards enhancing maternal and newborn services in Tudun Wada community and its environs.



CCG Advocacy Visit to Community Philanthropist

- **Emergency Transport System (ETS) Meeting with Drivers**

During the quarter, ETS data collection commenced with the developed forms. A meeting was held with drivers in Gusau and Kaura Namoda LGAs of Zamfara State. Records of emergencies transported so far were collected and analyzed. Most of the clients transported were women in labor but a few children were also transported. In these 2 LGAs, 93 women were transported in 5 communities (Barkeji, kasuwar Daji, Kaura Namoda, Shagari and Tudun Wada). T-Shirts and Face Caps were distributed to the ETS Trainers/Drivers at the meeting. In Kano, Gezawa LGA commenced the process of implementing the ETS program by partnering and forming alliance with the Gezawa branch of the National Union of Road Transport Workers (NURTW). The officials of the union were briefed by the facilitators on how the concept was included in the action plan of the community core groups as a strategy for reducing maternal and neonatal complications and resultant deaths due to transportation related reasons in Gezawa community and environs. The Gezawa branch of the NURTW officials on their part promised to ensure the availability of emergency transport in all the 38 villages supported by MCHIP community directed interventions in Gezawa LGA whenever the need arose.



Role-Play on Good vs. Bad Communication

- **Male Birth Spacing Motivators Step-down Trainings**

Male Birth Spacing Motivators (MBSM) step down trainings were conducted in five LGAs in Katsina State and two LGAs in Kano State. In Katsina, a total of 100 MBSM were recruited and trained in the 5 LGAs namely Faskari, Funtua, Malumfashi, Rimi, and Safana while a total of 54 MBSM were selected from various catchment villages around Tudun Wada and Danbatta LGAs in Kano and trained. The main objective of the trainings was to increase the percentage up take of family planning services among the communities where the MBSM work and increase couples communication and decision making at the household level. The Motivators were recruited from among the community members who would volunteer to reach their fellow men in peer group gatherings, social events and the religious groupings. The trainings which were facilitated in a participatory and interactive manner using role plays, games and simulations lasted for 5 days in each State. Motivational theories were employed and demonstrated in smaller groups those included “Future Island”, “Spin and Walk”, and Self-Reflection Activity all in an attempt to demonstrate how to initiate an effective communication among couples. The Male Birth Spacing Motivators are expected to work hand in hand with CCGs, HHCs and other youth groups to reduce to the barest minimum unplanned pregnancies, abortions, premature babies etc. that increase the risk of mothers and their babies dying.

- **TMMD annual profit sharing ceremonies**

During the quarter, a total of 4 communities in Zamfara State, conducted their annual sharing of the TMMD contributions.

The communities were Kasuwar Daji, Mada, Kurya and Zurmi. The Kasuwar Daji TMMD Association has 35 members and 13 members benefitted from emergency funds during the year. Total general contribution was ₦185, 000 and contribution to emergency funds was ₦12, 000. There are 50 TMMD Associations in Mada Community each with 20-25 members. Each club has Emergency Funds of ₦20, 000. A



Presentation of plaque to Suwaiba Aliyu

total sum of ₦9.5 Million was shared across all the associations. The representative of the Zamfara State Governor, the Sole Administrator Mada Area Development Council attended the ceremony. The lead facilitator, Hajiya Suwaiba Aliyu, was presented with a plaque by MCHIP in recognition of her contribution to the establishment of TMMD associations in Mada. Two out of the four clubs in Kurya Community shared their contributions for the year. The first club has 25 members and shared the sum of ₦400, 000 while the second club has 22 members and shared the sum of ₦355, 000. This was the first annual sharing of contribution in the community. There are 11 TMMD Associations in Zurmi LGA but only one held the annual sharing ceremony. The association shared the sum of ₦550, 000 amongst its 16 members and each member went home with the sum of ₦34, 300. The

association has emergency funds of ₦10, 000. Eleven out of the sixteen women in the club benefited from the emergency funds during the course of the year.

- **Collaboration with PRRINN-MNCH to set up a community mobilization structure in Kaura Namoda LGA**

PRRINN MNCH has moved to its second cluster which is made up of Kaura Namoda and Birnin Magaji LGAs. The CMT/CCG members, MBSM and HHCs working with MCHIP in Kaura Namoda LGA were identified and retrained on recognition of danger signs in pregnancy and delivery and the importance of referrals as soon as a problem is identified. They will work with PRRINN-MNCH as community volunteers. The aim of the collaboration was to avoid duplication of community structures and for sustainability of community mobilization activities initiated by MCHIP after the program closes out.

- **Official Presentation of Certificate of Registration (As Women Development Association) to Rano TMMD by the Kano State Ministry of Women Affairs**

The Rano TMMD club has formally been registered with the Kano State Ministry of Women Affairs as one of the officially recognized women development associations in the State. While presenting the certificate of registration to the clubs officials, the representative of the Ministry reiterated that women participation in cooperative savings and loans activities is one of the main livelihood strategies for coping with poverty, crises and shocks, and to access financial services that have the potential to enhance



Representative of the Kano State Ministry of Women Affairs presenting the certificate of registration and Hijabs to members of the Rano TMMD Club

their income and the quality of their lives. In her response, the leader of the club, Hajiya Hadiza Sani, expressed gratitude and appreciation to MCHIP for initiating the TMMD program in Rano LGA and she also thanked the Kano State Ministry of Women Affairs for the support it gave to the club especially with the registration process. She also emphasized that what motivates them in saving and borrowing money from the TMMD club which they established in the last 8 months is the need to increase their health and economic security. Similarly in Katsina State, the Darrafе Kan Tashi TMMD Club was Registered with Katsina State clubs and society registration body in the Ministry of Youth and social development

IR6. IMPROVED MANAGEMENT OF MATERNAL AND NEWBORN SERVICES IN SELECTED LGAS

- **Data Quality Assessment (DQA) by the Nigeria Monitoring and Evaluation Management Service II (NMEMS II)**

During the quarter, NMEMSII team, led by the Deputy Chief of Party, conducted a DQA in Kano and Katsina States. The indicator tracked was the number of FP/RH counseling visits. A purposive sample of 2 health facilities in Kano - Murtala Muhammad Specialist Hospital and Dawanau PHC were visited while four facilities including Katsina General Hospital, Turai Yar Adua MCH, Daura General Hospital and Daura CHC were visited for the assessment in



DQA in progress at MMSH

Katsina State. The result of the assessment showed improvement in quality of data for the indicator assessed. NMEMS however suggested that the original monthly summary forms which hitherto are sent to the Abuja office should now remain in the State offices. NMEMS will prepare a detailed report of the assessment and make same available when ready.

- **Revision of NHMIS registers and forms**

MCHIP collaborated with PRRINN-MNCH in Zamfara State to work with the SMOH HMIS unit to revise the NHMIS registers and forms. The revision was based on the agreement reached with the State HMIS unit to allow all implementing partners working in the State to incorporate few of their program indicators into the record keeping format to allow for uniformity of record keeping and reporting formats as a way of preventing multiplicity of record keeping forms in the health facilities across the State. The revision of the registers and reporting forms was done with the participation of the State M&E unit. The registers revised included the family planning register in which number of clients receiving FP counseling was inserted. The labor and delivery register was also revised to accommodate number of women receiving AMTSL, number of newborns receiving essential newborn care and number of postpartum women counseled on LAM and number that accepted. The revision of these registers impacted also on the revision of the monthly summary form with the incorporation of these indicators into the summary form.

- **Participation in Certificate course on Community Driven Health Impact Assessment (28 May to 18 June, 2011)**

The senior M&E officer and senior community mobilization officer from Kano field office participated in a 3-week certificate course on community driven health impact assessment course at the Coady International Institute, Antigonish, Canada during the reporting period. The 3-week certificate course was directed at helping participants gain understanding of the physical, social, cultural, political and

economic determinants of health and obtain knowledge of the major threats to global health and how they impact the health of the communities. Participants also gained an understanding of the impact of development programs on health and developed an understanding of the history, process and theory underlying the People Assessing Their Health (PATH) process. The course developed participants' skills in facilitating community members in the PATH process and the subsequent development of their own Community Health Impact Assessment Tools (CHIAT). Jhpiego planned using the knowledge gained in the course to conduct a community driven impact assessment of MCHIP using a retrospective method if time permits and use it prospectively for future projects.

- **Monthly M&E Data Collection Meetings**

Monthly M&E Data Collection Meetings were held on separate days for providers from all the MCHIP supported health facilities, Male Birth Spacing Motivators (MBSMs) and Household Counselors (HHCs). The usual data checks were carried out before collection of the data and important issues on how to improve data quality were discussed and relevant issues were addressed. For the HHCs and MBSMs, the meetings continue to provide an avenue to support them on mastering the contents of the Counseling Flipcharts as well as improve their counseling skills.

Staff Transitions

No staff changes occurred during the quarter.

Renovation of more Health Facilities

Due to limitation of funds, additional renovations were put on hold for now. This matter is to be revisited during the next quarter because of damage caused by the ongoing rains in some health facilities

Participation in other project related activities

During the quarter, MCHIP participated in the following activities:

- Meeting with Honorable Minister of Health on New FP Commodities Policy** – during the quarter, MCHIP Senior Program Manager attended a meeting called by the Honorable Minister of Health to intimate development partners and key stakeholders on the new free FP commodities policy, a product of months of advocacy. Key development partners made goodwill messages and the public health



The HMH handing over the FP Commodities to the FCT Director of Public Health

department of the FCT was present to receive the first consignment of free FP commodities which are meant to be distributed free in all FCT health facilities. The Minister in his speech hoped that with this, the rate of unintended pregnancies, incidence of infections including HIV/AIDS among others would reduce. After the meeting the whole house went to the venue where the commodities were and they were formally handed over to the Director of Public Health Services of the FCT.

- ii. **2011 World Health Day Celebrations** – during the quarter, the MCHIP Senior program Manager attended a one-day press briefing by the Honorable Minister of Health to commemorate the World Health Day which takes place on 7 April every year. The theme for this year was “*Anti-microbial Resistance and its Global Spread – No Action Today, No Cure Tomorrow*”.
- iii. **38th International Global Health Council Conference** – during the quarter the MCHIP COP and Senior Technical Officer both attended the Global Health Council’s annual International Conference on Global Health which took place in Washington DC. The theme was “*Securing a Healthier Future in a Changing World.*” The Senior Technical Officer made a poster presentation on “*Strengthening Health Facilities to Provide Quality Emergency Obstetric Care and Family Planning Services in Northern Nigeria*” at the conference.
- iv. **International Confederation of Midwives Conference** – during the quarter, the MCHIP Clinical Officer in Zamfara attended the International Confederation of Midwives Conference which took place in Durban, South Africa.
- v. **Monitoring, Evaluation and Research (MER) Workshop** – during the quarter, the MCHIP Senior M & E Officer attended the Jhpiego global MER comprehensive skills workshop which took place in Nairobi, Kenya. The Senior M & E Officer made a presentation on *Using the Performance of Routine Information System Management (PRISM) tools to assess quality of data in health facilities.*
- vi. **Dinner with UN Secretary General** – during the quarter the MCHIP COP joined other development partners at a dinner with UN Secretary-General Ban Ki-moon to discuss “*Implementing the Global Strategy for Women's and Children's Health in Nigeria.*”

FP policy and legislative procedures activities

- During the quarter, the FP coordinators continued to provide on-site supportive supervision to MCHIP supported sites on FP Legislative Compliance. Educating the FP providers in FP Policy and Legislative requirements and monitoring compliance, the clients’ rights of voluntarism and informed choice are protected and the quality of FP service provision is improved.

III. CHALLENGES AND OPPORTUNITIES

1. Health care providers in Katsina State embarked on industrial action for the non-payment of their entitlements and this affected implementation of activities especially in the area of data collection at facility level.

2. There was widespread violence and civil unrest in Kano following the presidential elections that resulted in imposition of curfew which altogether halted implementation of program activities in the State. In Katsina, activities could also not take place in the month of April as a result of the elections and subsequent violence.

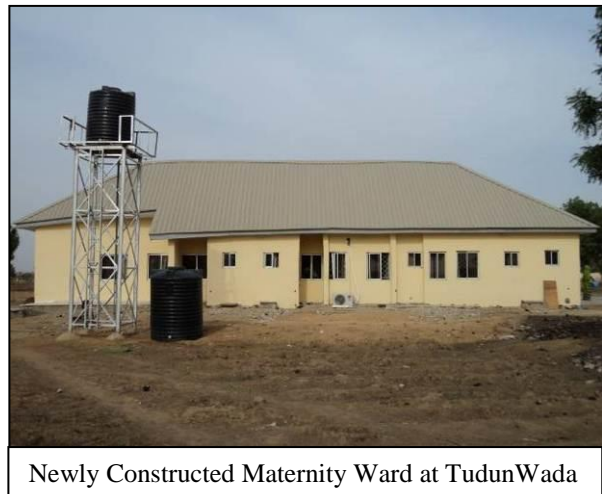
IV. ACTIVITY CHANGES

There were no major activity changes during the quarter.

V. SUCCESS STORIES

Community Core Group Advocacy Yields Results!

In the rural settlement of Tudun Wada, with a population of over 230,000, the effort of the CCG has resulted in an increased demand for maternal and newborn health services at Tudun Wada General Hospital, a comprehensive emergency obstetric care hospital. This has led to the overstretching of the resources and referral of women to other health facilities. In view of this, an advocacy visit was paid to a philanthropist from Tudun Wada community on the need to construct a maternity ward to accommodate and cater for the health needs of the women. This resulted in the construction of a 25-bed capacity maternity ward with a scanning room and a theatre for emergency obstetric care.



Newly Constructed Maternity Ward at TudunWada

Thus it can be said that the Tudun Wada CCG have effectively used the advocacy tools they have been trained on to seek the participation of community leaders and high profile people in the community to leverage resources and solicit their support towards enhancing maternal and newborn services in Tudun Wada community and environs.

According to Ibrahim Sule DanTanko, the Secretary of Tudun Wada CCG, who has been trained on advocacy and community mobilization: *“The goal of the advocacy training we have undergone as CCG members and with the support of MCHIP is to support and encourage volunteer support for improved maternal and newborn health services in Tudun Wada LGA. The advocacy skills we have acquired has helped us in our resource leveraging effort through the mass education of individuals and highly influential people in Tudun Wada community which resulted in the approval and support for the construction of the maternity ward of 25 beds capacity. We were also able to achieve this by connecting the issues by being creative in our demands as reflected in our action plan which also led to our success”.*

Emergency Transportation System (ETS) Driver Saves a Life!

Emergency transport is an organized way of ensuring prompt transportation of a person from a place of danger to a place where the subject would be provided with the necessary services for a better health status. In the MNCH context, it is a system where a woman/child with an obstetric/paediateric emergency is transported from home or primary health facility to a designated health facility with the required resources to provide appropriate and timely services with the aim of reducing maternal/child morbidity and mortality. Volunteer community drivers residing in the community are usually selected and approved by other community members to be trained and provide the services of transferring women with obstetric emergencies/children with emergencies to the nearest health facility. Such volunteers are trained and sensitized to avoid further delays in transporting such patients to the health facility.

During the collection of the data of one of the ETS drivers, the Zamfara State Community Mobilization Officer had opportunity to interact with one of the beneficiaries of the ETS. Aisha Abubakar a 38 year old woman with 7 children was ill at home for 5 days before her husband decided to seek for help from one of the ETS trainers, Aliyu Bello. She was rushed to General Hospital Kaura Namoda where she gave birth with the help of a Skilled Birth Attendant, but still developed postpartum hemorrhage. The ETS trainer donated a pint of blood and Aisha survived. She is full of gratitude to MCHIP. The ETS Driver that helped her said: *“Who says reward is just monetary? Ever since I helped this family I enjoy special treatment from the community, when I go to ‘majalis’ her husband will stand up and give me his seat and their daughter goes to my house to help my wife with household chores. See the reward!”* Aisha on her part was thankful to God, for if not for the ETS Driver she might not be alive: *“If not because of this help, if I had delivered at home I know I would have lost my life with the amount of blood that I lost after delivery. As you see me now, I have finished giving birth! I had IUD inserted since after 40 days. They said it will last for 12 years. I know by then no more giving birth (laughter)”*

Tallafi Mata Masu Dubara makes a difference!

The activities the TMMD has impacted the lives of over 2000 women and their families in Mada community of Zamfara State, as testified by community members during the annual ceremony for sharing out contributions. In his welcome address, the District Head of Mada thanked Almighty God and appreciated MCHIP for initiating this laudable program and reiterated his usual pronouncement that *“Mada community now witnesses very minimal couple dispute, zero divorce rate, low hawking by the children and almost zero maternal and neonatal death since the inception of TMMD clubs”*.

In Kurya community, TMMD activities have impacted women not just in the area of economic empowerment but also their health and that of their families. Most families now can identify the presence of danger signs and seek care at the health facility immediately as Malama Ramatu testifies: *“With this Tallafi activities our women are encountering less problems because of the knowledge we get from the HHCs...at least now when we see swelling of feet, face, hands and bleeding we know that these are danger signs and we take*

them to the health facility immediately. Before, we believed the woman was going to give birth to twins or a King.....can you imagine? (Laughter)”

VI. NEXT QUARTER RESULTS

MCHIP will continue to work with the SMOH and LGA officials to support the 57 health facilities in 28 Local Government Areas within the 3 supported States. MCHIP will continue its support for the joint quarterly supervisory visits to all facilities and the implementation of the SBM-R process. MCHIP will strengthen data demand and use for decision making in its supported health facilities.

MCHIP will also intensify its community mobilization efforts in under-served communities, particularly for skilled birth attendance and postpartum family planning as well as addressing the second delay. To do this, the commissioned ETS drivers will be given stickers for easy identification of their vehicles. More TMMD clubs will be formed to meet demands and to further empower the women and give them financial access for emergencies.

Given the challenges to contraceptive use acceptance in the 3 project states, MCHIP will continue its FP outreaches until all donated commodities are exhausted. MCHIP will work with DELIVER project to continue to build the capacity of health care workers on LMIS, especially now that FP commodities are to be provided free of charge. MCHIP will also scale-up its advocacy for the adoption of the Population Council's Balanced Counseling Strategy (BCS) for FP counseling and train relevant health care providers on IUD and Jadelle insertion.

MCHIP will give supportive supervision to the trained Doctors, nurse/midwives and CHEWs who were trained on Neonatal Sepsis, so that efforts towards reducing neonatal mortality from infections will be enhanced. MCHIP will conduct clinical training skills courses for pre-service tutors of Schools of Midwifery and facility preceptors to strengthen their EmONC and FP training skills as well as supportive supervision training for the clinical faculties in these pre-service institutions.

MCHIP will also organize data utilization workshops for health facility managers as it begins its close out, so as to ensure that data collection culture that has been established over the years will not be lost when MCHIP closes out. Finally, MCHIP will invest time in writing articles on lessons learnt from the program.

MCHIP Quarterly Report: Emergency Obstetric and Newborn Care in Kano, Katsina and Zamfara States

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
Project Objective: Increased utilization of quality Emergency Obstetric and Newborn Care (EmONC) services (including birth spacing) by pregnant women, mothers and their newborns at selected LGAs in two states, Kano and Zamfara.								
<i>Operational Plan</i> <i>Standardized indicator:</i> # of deliveries with a Skilled Birth attendant (SBA)	55,000	42,913		15,000	16,895	MCHIP is now supporting Bakura General Hospital in Zamfara State (after taking over from the Acquire Project as suggested by the MISSION). The facility is now reporting to MCHIP.	14,200	55,000
<i>Program Indicator:</i> % of births attended by Skilled Birth attendants (SBA)								
<i>Operational Plan</i> <i>Standardized indicator:</i> # of Antenatal Care (ANC) visits by skilled Providers from USG-assisted facilities	250,000	199,340		62,200	65,360	Same as above	65,000	250,000
<i>Program Indicator:</i> % of pregnant women who received at least four antenatal care visits								
<i>Operational Plan</i>	40,000	42,687		10,200	13,121	The project revisited the	12,000	40,000

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
<i>Standardized Indicator:</i> Number of postpartum/newborn visits within 3 days of birth in USG-assisted programs						WHO definition of this indicator which includes Postpartum/newborn visits within the first 4 hours of delivery and the deliveries within the first 3 days. This definition qualifies all deliveries in General hospitals to be included while the second definition includes those who delivered at home but came for follow up visits within 3 days of home delivery		
<i>Operational Plan indicator :</i> Couple-years of protection in USG-supported programs (CYP)	18,500	21,078		6,500	6,754	All MCHIP supported General Hospitals are providing expanded method-mix of modern contraceptives. Increased referral by household counselors from the communities to	6,200	18,500

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
						the health facilities contributed to increase in number of acceptors		
<i>Program indicator:</i> % of caretakers seeking care from sick care providers for sick newborns								
<i>Program indicator:</i> % of postpartum women using contraception (including LAM) at 6 weeks postpartum								
Sub-I.R. 1: Improved quality of family planning methods in selected LGAs								
<i>Operational Plan</i> <i>Standardized Indicator:</i> # of USG-assisted service delivery points providing FP counseling or services.	60	57		Nil	1	MCHIP is now supporting Bakura General Hospital in Zamfara which was formerly an Acquire project supported facility	Nil	60
<i>Operational Plan</i> <i>Standardized Indicator:</i> Number of people trained in FP/RH with USG-funds (disaggregated by gender)	550	573 (F=306; M=267)		100	100 (M=100)		200	550

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
<i>Operational Plan</i> <i>Standardized Indicator:</i> Number of people that have seen or heard a specific USG-supported FP/RH message								
<i>Operational Plan</i> <i>Standardized Indicator:</i> <i>Number of counseling visits for family planning/Reproductive health as a result of USG assistance</i>	60,000	96,540		28,000	36,570 (A total of 11,793 visits by Females and 408 by Males to FP units; 13,583 postpartum women during deliveries; 4,912 women through household counseling visits and 5,874	This indicator puts into consideration the activities of male birth spacing motivators and the household counselors at community level and number of Postpartum women counseled during delivery for LAM	30,000	60,000

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
					through male child spacing motivators visits			
Sub-I.R. 2: Improved quality of EmONC services in selected LGAs								
<i>Operational Plan indicator:</i> # of health facilities rehabilitated								
<i>Program Indicator:</i> # of health facilities using SBM-R approach for performance improvement	Nil	Nil		Nil	Nil		Nil	Nil
<i>Operational Plan Standardized Indicator:</i> # of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs. <i>Precise Definition:</i> Number and percent of women in facilities and homes where the woman received AMTSL by SBAs in targeted areas	40,000	36,589		11,500	13,538	Service data not reported last quarter was added to the total attained for this quarter. In addition, Bakura General Hospital which was formerly an Acquire project supported facility is now reporting	13,200	40,000

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
<i>in a specified time period. This includes vaginal deliveries only.¹ Targeted areas are those where the United States Agency for International Development partner and Cooperating Agency (CA) maternal and child health projects are implementing AMTSL interventions – these include public and private health facilities, rural and urban health facilities, as well as home births with SBAs</i>						to MCHIP		
Program Indicator: % of women receiving Active Management of the Third Stage of Labor (AMSTL) through USG-supported programs.								
Program Indicator: # of births at ACCESS-supported facilities for which the partograph was used	33,000	16,860		6,000	6,403	Use of the partograph still remains a challenge in supported facilities due to late admissions in labor, shortage of staff and forms.	6,500	33,000
Sub I.R. 3: Improved enabling environment for scale-up of EmONC best practices at national and state levels								

¹ Does not include Caesarean -Section or abortion

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
<i>Program Indicator</i> : Training curricula and strategy for pre-service midwifery education revised and implemented in Kano and Zamfara states	Nil	Nil		Nil	Nil	MCHIP completed this activity in FY09. Additional anatomic models for obstetric and neonatal skills development have been ordered and delivered	Nil	Nil
<i>Program Indicator</i> : Operational performance standards for EmONC distributed in ACCESS-supported facilities.	Nil	Nil		Nil	Nil	MCHIP did not set target for distribution of this manual because it was widely distributed in FY09 and thus was not re-printed. However, few remaining manuals were issued out on request to other development partners during the reporting quarter	Nil	Nil
<i>Program Indicator</i> : National KMC training manuals distributed in ACCESS-supported facilities	Nil	Nil		Nil	Nil	Distribution of this training manual was completed in FY09	Nil	Nil
Sub-I.R. 4: Improved management of maternal and newborn services in selected LGAs								

	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
<i>Operational Plan</i> <i>Standardized Indicator:</i> # of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs ² .								
<i>Operational Plan</i> <i>Standardized Indicator:</i> # of newborns receiving essential newborn care through USG supported programs	35,000	40,639		13,000	13,860	Improved record keeping by service providers contributed to the total attained for this indicator during the reporting period	13,000	35,000
Sub-I.R. 5: Increased demand for maternal and newborn services in selected LGAs								
<i>Common indicator:</i> # of beneficiaries of community activities [C 20.10]	30,000	31,644		8,200	14,780	Expansion in the activities of male birth spacing motivators in the project states contributed to reaching out to many men in new areas with the project	8,00	30,000

² Tracer drugs selected are: Oxytocin, Hydrallazine, Diazepam, Ampiclox, Gentamicin, Metronidazole, Sulphadoxine-Pyrimethamine (SP), Iron/Folate tabs.


	This year target	This year actual	This year actual by Facilities with potential double reporting	This quarter target	This quarter actual	Explanation for variance or why not reported during this quarter	Next quarter target	09.30.11 target
						communities		
<i>Program Indicator:</i> # of community committees that have work plans that include activities to reduce maternal and newborn deaths	51				Nil		Nil	Nil
<i>Program Indicator:</i> # of communities with plans that include emergency funds and/or a transport system for maternal and newborn complications					Nil		Nil	Nil
Sub-I.R. 6: Improved availability of EmONC health workers in target/Selected LGAs								
<i>Common/Operational Plan Standardized indicator:</i> # of people trained in maternal/newborn health through USG-supported programs	600	638 (F=451; M=187)		150	88 (F=51 M=37)			600
<i>Program Indicator:</i> Caesarean sections as a percentage of all births in USG-supported facilities	15%	2.6%		5%	1.1%	This was calculated as a proportion of all expected births in the coverage areas of the project	5%	15%

The information in this table is to be based on the IP's Mission-approved PMP and work plan, and should focus on whether targets were met, not met or have been exceeded during the reporting period. The table is designed to summarize in one convenient location the progress the IP has made. The table supports the narrative and in no way replaces it.

The IP should report on all of the targets in the PMP and work plan, as well as the Common Indicators it tracks for the Mission's Annual Report. Where reporting is not applicable or possible, the IP may enter "N/A" and explain why in the "Explanation for variance" column (e.g., this data is collected and reported on annually). Discrepancies between targets and actuals must be explained. Please report according to the USG financial year calendar: Q1 = Oct-Dec 2005, Q2 = Jan-Mar 2006, FY 2006, etc. The IP is expected to develop its own table, using a numbering system that is based on its PMP and work plan. Refer to the sample table below only as a guide.

Annexes

1. Letter of appreciation from School of Midwifery, Kano



KANO STATE OF NIGERIA
SCHOOL OF MIDWIFERY
MINISTRY OF HEALTH, KANO

KSSOM/OFF/24/1/79

Our Ref..... Date: 28/03/2011

The Chief of Party,
USAID/MCHIP,
Abuja.

Attention:
The State Programme Officer,
USAID/MCHIP,
Kano State.

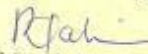
Sir,

LETTER OF APPRECIATION


I wish to convey the school's appreciation to you for the various models given to the school especially the latest one, Neonatal Newborn Simulator, which will go a long way in teaching the students.

This kind gesture is a clear indication of your interest in the promotion of midwifery services in the state thereby helping in the prevention of maternal/infant mortality and morbidity.

Thank you once again for your continued co-operation.

Yours faithfully,

Mrs. Rakiya Rahir,
PRINCIPAL.

2. Letter of appreciation from Health Education, Communication, Training and Information Centre (HECTIC)



**HEALTH EDUCATION, COMMUNICATION,
TRAINING AND INFORMATION CENTRE (HECTIC)**

Auwalu Bello
State Coordinator HECTIC
For: Hon. Commissioner

MINISTRY OF HEALTH KANO STATE
GOVERNMENT HEALTH OFFICE PREMISES FAGGE,
P.M.B. 3066 KANO.

Your Reference: MCH/HEC/VOL 1/
Our Reference: 24 MAY, 2011

The Programme Coordinator,
MCHIP Organization,
Ahmed Daku Street,
Kano.

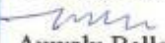
Sir

**ACKNOWLEDGEMENT RECEIPTS OF POSTERS TO THE STATE FOR
MNCH WEEK PROGRAMME FROM 23RD – 27TH MAY, 2011**

I directed to acknowledge the receipt of a total 1,791 posters from Access organization, to distributes during the MNCH week activities in the state and 44 LGAs in Kano State. The posters are in the following categories:-

1. Danger signs	-	187 posters
2. BPICR	-	155 posters
3. ANC	-	195 posters
4. EP/LAM	-	787 posters
5. Safe delivery	-	176 posters
6. ANC	-	141 posters
7. TTN/MIP	-	150 posters

We are very grateful for your humble contribution and kind gesture, ~~on near future~~.
Thank you for your usual cooperation please.


Auwalu Bello
State Coordinator HECTIC
For: Hon. Commissioner